

**KENTUCKY BOARD OF DENTISTRY  
INSTRUCTIONS FOR STUDENT LIMITED LICENSURE**

Rev. July 2015

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). ***IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.***
- This limited license is made available to those who have not successfully completed Part I and Part II of the National Board Dental Examination and/or a regional clinical examination (CITA, CRDTS, NERB, SRTA, or WREB).
- In order to obtain a student limited license you must be enrolled in a residency, postgraduate, or fellowship program conducted by or associated with one of the Commonwealth's dental schools. If granted a limited license, you may only practice dentistry in conjunction with programs of the dental school where you are a student and may only provide professional services to patients of these programs.
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- Check the status of the application on the website at <http://dentistry.ky.gov/> and click on "STATUS SHEET."

**DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION**

- \_\_\_\_ 1. Submit a completed and signed "Application for Dental Licensure." Use the name under which you wish to be licensed.
- \_\_\_\_ 2. Application fee: \$175. This amount covers licensure through December 31, 2015.
- \_\_\_\_ 3. Official final transcript of your dental course work **with your degree posted** and with a seal or registrar's stamp on the transcript. **The transcript must be sent directly to the Board office from the school or university.**
- \_\_\_\_ 4. Provide a letter from the dean or program director of a postgraduate, residency, or fellowship-program in the Commonwealth of Kentucky stating that you have been accepted into a program and the expected date of completion
- \_\_\_\_ 5. Submit a signed "Statement Regarding Student Licensure Limitations."
- \_\_\_\_ 6. You must complete and pass the board's jurisprudence examination, which can be downloaded at <http://dentistry.ky.gov/dentists/licensure.htm>. You may reference all of the statutes and regulations at: <http://dentistry.ky.gov/laws.htm>.
- \_\_\_\_ 7. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. Send a copy of the front and back of the card.
- \_\_\_\_ 8. Submit a criminal background check performed by the F.B.I. for the last five (5) years. Please visit their website for the background check application at <http://www.fbi.gov/about-us/cjis/background-checks/applicant-information-form> and more information at <http://www.fbi.gov/about-us/cjis/background-checks/submitting-an-identification-record-request-to-the-fbi..>

**IF YOU HAVE BEEN LICENSED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:**

- \_\_\_\_\_ 1. Provide verification within three (3) months of the date of application is received at the office of the board any license to practice dentistry held previously or currently in any state or jurisdiction. A copy of your license is not acceptable. **These must be sent directly to the Board office from each jurisdiction.**
- \_\_\_\_\_ 2. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.
  - **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**

**Student Limited licenses shall be subject to biannual renewal by December 31<sup>st</sup> of each odd numbered year. The license shall automatically expire upon termination of your status as a student, per 201 KAR 8:530 Section 4.**

**A program enrolling an individual holding a student limited license shall notify the board in writing of the date the student graduates from or exits the program.**

**Make check payable to: KENTUCKY BOARD OF DENTISTRY  
Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101  
LOUISVILLE KY 40222  
PHONE: 502/429-7280**